

Case Number:	CM13-0040417		
Date Assigned:	12/20/2013	Date of Injury:	01/21/2012
Decision Date:	07/03/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in Texas and Mississippi. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52 year old female who reported an injury on 1/12/12 due to lifting heavy luggage to a conveyer belt. Physical examination on 10/23/13 revealed complaints from the injured worker of constant neck pain along with severe headaches. There were also complaints of radiating pain into both extremities and pain radiating into the fingers. The injured worker also notes numbness, tingling, and paresthesias. The injured worker complained of difficulty sleeping due to the severity of neck pain. There was tenderness at the C5-C6 level and moderate paraspinal muscle guarding with tenderness. Range of motion of the cervical spine was flexion to 30 degrees, extension to 20 degrees, left lateral side bending to 15 degrees, right lateral side bending to 15 degrees, left rotation to 40 degrees, and right rotation to 60 degrees. There was mild hypoesthesia of the thumb, index, and middle fingers, on the right side. There was a diagnosis of cervical spondylosis primarily C5-C6 and lesser C6-C7 with radiculopathy to the right upper extremity. The injured worker was awaiting cervical provocative discography prior to proceeding with surgical intervention. Medications documented on 10/23/13 included Norco 10/325mg, Anaprox DS 550mg, Prilosec 20mg, and topical analgesic cream. An EMG on 10/25/12 showed bilateral carpal tunnel syndrome. An MRI on 9/20/12 revealed a 2.1mm disc bulge with associated facet arthroplasty at C3-C4, C5-C6, and C6-C7. There was also bilateral foraminal narrowing. The diagnoses included cervical myoligamentous injury with bilateral upper extremity radicular symptoms, right shoulder internal derangement, lumbar myoligamentous injury with bilateral extremity radicular symptoms, and medication-induced gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

OMEPRAZOLE 20MG, #60 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI symptom and cardiovascular risk Page(s): 68, 69.

Decision rationale: The injured worker is taking Anaprox DS (one tablet twice daily) and Norco 10/325mg (three to four tablets daily for pain). Omeprazole is a proton pump inhibitor, which, according to the California MTUS Chronic Pain Medical Treatment Guidelines, should be limited due to increased risk of hip fracture. The patient should also have a history of GI bleeding or perforation, or should be concurrently using aspirin with an NSAID. There is no mention of low dose aspirin therapy in the documentation submitted. The documentation submitted does not refer to how long the injured worker has been taking omeprazole or if the dose has been tried at once daily with or without relief. Also the frequency of omeprazole is not recorded in the request. As such, the request is not medically necessary.

CYCLOBENZAPRINE 7.5MG, #60 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 42.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine is recommended as an option for a short course of therapy. Treatment should be brief and the addition of Cyclobenzaprine with other agents is not recommended. The injured worker was on Norco 10/325mg (three to four tablets daily) along with Cyclobenzaprine 7.5mg. The rationale for taking this medication is not clearly documented in the record. The request is lacking the frequency of this medication. As such, the request is not medically necessary.